APPLICATION FOR SIGN PERMIT

VILLAGE OF FALCONER

101 West Main Street, Falconer, NY 14733 Phone: (716) 665-4400 Fax: (716) 488-9224 Email: code@villageoffalconer.com

PLEASE COMPLETE ALL REQUIRED INFORMATION.

(Incomplete applications cannot be processed)

PROJECT LOCATION:					Official Use Only
Street Address:					Permit No
Tax Map No.: Section	Block	Lot_			Expires:
APPLICANT INFORMATION	<u>۱:</u>				
APPLICANT:				Pl	none:
Mailing Address:					Cell:
City:	State:	Zip: _			Email:
OWNER:				P	hone:
Mailing Address:					Cell:
City:	State:	Zip: _			Email:
PRINCIPAL CONTRACTOR:				F	hone:
Mailing Address:				(Cell:
City:	_ State:	Zip:		En	nail:
How many signs will be erect	ed?: (Use addition	onal she	et if nec	essary)	
Wall Signs:	Size(s):		_X	ft.	
Freestanding Signs: _	Size(s):		_ X	ft.	Height: ft.
Temporary Signs:	Size(s):		_X	ft.	(14 days maximum)
Are there any existing signs on the property?: If yes, indicate total square footage:					
What material will sign be constructed of?:					
Will sign be illuminated?:	How?:			(A separate el	ectrical permit is required)
Will sign obstruct any windows or exits?:					
Will sign have any intermitter	nt lights, animat	ion or m	ioving բ	oarts?:	If yes, please explain.
					sign(s) and distances in relation must accompany this application.
The undersigned hereby makes ap Village of Falconer Zoning Law wil					n, and agrees that the provisions of the ified herein or not.
Applicant Signature				Da	to